

**Department of Motor Vehicle Safety
Motor Vehicle Services**

Request for Correction of:

() Georgia Certificate of Title Number_____

() Georgia Certificate of License Plate Registration Number _____
(Tag Number) (Renewal Decal No. & Yr. Issued)

Please complete items below for fields reflecting incorrect information on title or tag receipt only. Do not complete all fields.

Information Now Shown	Requested Correction(s)
Vehicle ID No_____	
Vehicle Make_____	
Year Model_____	
Number of Cylinders_____	
Body Style_____	
Date Purchased_____	
New or Used_____	
Odometer Reading_____	
Name_____	
Address of Owner_____	
Other_____	

(Personal Signature of Owner)

Notice: This request will not correct title or tag information that conflicts with source documents. This form should be accompanied by the title which was issued incorrectly. If requesting a correction of the tag receipt, the request should be accompanied by the tag receipt reflecting the incorrect information and a properly executed MV-1 application reflecting the correct information.